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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> |  | <b>Attorney Docket No.</b> <b>OTA-0004</b> |  |
|   |  | <b>First Inventor</b> <b>Kenji Okimoto</b> |  |
|   |  | <b>Title</b> <b>APPLICATOR FOR STRINGS</b> |  |
|   |  | <b>Express Mail Label No.</b>              |  |

  

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small> | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original, and a duplicate for fee processing)</small><br>2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br><small>See 37 CFR 1.27.</small><br>3. <input checked="" type="checkbox"/> Specification    [Total Pages <b>9</b> ]<br><small>(preferred arrangement set forth below)</small><br><ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113)    [Total Sheets <input type="checkbox"/> ]<br>5. Oath or Declaration    [Total Sheets <b>3</b> ]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br><small>(for continuation/divisional with Box 18 completed)</small><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application,<br>see 37 CFR 1.63(d)(2) and 1.33(b).<br>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)<br>8. Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small><br>a. <input type="checkbox"/> Computer Readable Form (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or    ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies<br><div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>ACCOMPANYING APPLICATION PARTS</b><br/>         9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))<br/>         10. <input type="checkbox"/> 37 CFR 3.73(b) Statement    <input type="checkbox"/> Power of Attorney<br/>               <small>(when there is an assignee)</small><br/>         11. <input type="checkbox"/> English Translation Document (if applicable)<br/>         12. <input checked="" type="checkbox"/> Information Disclosure    <input checked="" type="checkbox"/> Copies of IDS<br/>               Statement (IDS)/PTO-1449    Citations<br/>         13. <input checked="" type="checkbox"/> Preliminary Amendment<br/>         14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>               <small>(Should be specifically itemized)</small><br/>         15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/>               <small>(if foreign priority is claimed)</small><br/>         16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br/>               Applicant must attach form PTO/SB/35 or its equivalent.<br/>         17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> </div> |
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application No.: **PCT/JP03/05333**

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

  

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| <b>19. CORRESPONDENCE ADDRESS</b>                                 |  |  |  |                                  |  |
| <input checked="" type="checkbox"/> Customer Number: <b>23353</b> |  | OR <input type="checkbox"/> Correspondence address below |  |                                  |  |
| <b>Name</b> <b>RADER, FISHMAN &amp; GRAUER PLLC</b>               |  |  |  |                                  |  |
| <b>Address</b> <b>1233 20th Street, N.W.</b>                      |  |  |  |                                  |  |
| <b>Suite 501</b>  |  |  |  |                                  |  |
| <b>City</b> <b>Washington</b>                                     |  | <b>State</b> <b>DC</b>                                   |  | <b>Zip Code</b> <b>20036</b>     |  |
| <b>Country</b> <b>US</b>  |  | <b>Telephone</b> <b>(202) 955-3750</b>                   |  | <b>Fax</b> <b>(202) 955-3751</b> |  |

  

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| <b>Name (Print/Type)</b> <b>Lee Cheng</b> | <b>Registration No. (Attorney/Agent)</b> <b>40,949</b> |
| <b>Signature</b>                          | <b>Date</b> <b>October 27, 2003</b>                    |

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| FEE TRANSMITTAL<br>for FY 2004  |  |      |  | Complete if Known    |  |                       |  |
|---|--|------|--|----------------------|--|-----------------------|--|
| Effective 10/01/2003, Patent fees are subject to annual revision.                         |  |      |  | Application Number   |  | Not Yet Assigned      |  |
|   |  |      |  | Filing Date          |  | Concurrently Herewith |  |
|   |  |      |  | First Named Inventor |  | Kenji Okimoto         |  |
|   |  |      |  | Examiner Name        |  | Not Yet Assigned      |  |
|   |  |      |  | Art Unit             |  | N/A                   |  |
|   |  |      |  | Attorney Docket No.  |  | OTA-0004              |  |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  |      |  |                      |  |                       |  |
| TOTAL AMOUNT OF PAYMENT   |  | (\$) |  | 530.00               |  |                       |  |

  

| METHOD OF PAYMENT (check all that apply)   |          |                    |          | FEE CALCULATION (continued)   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
|--|----------|--------------------|----------|---|----------|--------------------|----------|--------------|----------|--------------|----------|-----------------|----------|----------|----------|------------------------|----------|------|-----|------|-----|-------------------------------------|--|--------|-----|------|-----|--|--|------|-----|------|-----|--|--|------|-------|------|-------|--|--|--------------|------|------|------|--|------|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|--------------|--|--|--|--|------|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |          |                    |          | 3. ADDITIONAL FEES  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">18-0013</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Rader, Fishman &amp; Grauer PLLC</span>  |          |                    |          |   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| The Director is authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          |                    |          |   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| FEE CALCULATION  |          |                    |          |   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1. BASIC FILING FEE  |          |                    |          |   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>385.00</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right; font-weight: bold;">SUBTOTAL (1)</td> <td>(\$)</td> </tr> </tbody> </table>   |          | Large Entity       |          | Small Entity  |          | Fee Description    | Fee Paid | Fee Code     | Fee (\$) | Fee Code     | Fee (\$) | 1001            | 770      | 2001     | 385      | Utility filing fee     | 385.00   | 1002 | 340 | 2002 | 170 | Design filing fee                   |  | 1003   | 530 | 2003 | 265 | Plant filing fee                                       |  | 1004 | 770 | 2004 | 385 | Reissue filing fee                                 |  | 1005 | 160   | 2005 | 80    | Provisional filing fee                                     |  | SUBTOTAL (1) |      |      |      |  | (\$) |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| Large Entity   |          | Small Entity       |          | Fee Description   | Fee Paid |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| Fee Code   | Fee (\$) | Fee Code           | Fee (\$) |   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1001   | 770      | 2001               | 385      | Utility filing fee  | 385.00   |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1002   | 340      | 2002               | 170      | Design filing fee   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1003   | 530      | 2003               | 265      | Plant filing fee  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1004   | 770      | 2004               | 385      | Reissue filing fee  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1005   | 160      | 2005               | 80       | Provisional filing fee  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| SUBTOTAL (1)   |          |                    |          |   | (\$)     |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  |          |                    |          |   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Independent Claims</th> <th colspan="2">Multiple Dependent</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>12</td> <td>-20** =</td> <td>1</td> <td>-3** =</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2" style="text-align: right;">145.00</td> <td colspan="2" style="text-align: right;">145.00</td> </tr> </tbody> </table>   |          | Total Claims       |          | Independent Claims  |          | Multiple Dependent |          | Fee Paid     |          | 12           | -20** =  | 1               | -3** =   |          |          |                        |          |      |     |      |     | 145.00                              |  | 145.00 |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| Total Claims   |          | Independent Claims |          | Multiple Dependent  |          | Fee Paid           |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 12   | -20** =  | 1                  | -3** =   |   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
|  |          |                    |          | 145.00  |          | 145.00             |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right; font-weight: bold;">SUBTOTAL (2)</td> <td>(\$)</td> </tr> </tbody> </table> |          | Large Entity       |          | Small Entity  |          | Fee Description    | Fee Paid | Fee Code     | Fee (\$) | Fee Code     | Fee (\$) | 1202            | 18       | 2202     | 9        | Claims in excess of 20 |          | 1201 | 86  | 2201 | 43  | Independent claims in excess of 3   |  | 1203   | 290 | 2203 | 145 | Multiple dependent claim, if not paid                  |  | 1204 | 86  | 2204 | 43  | ** Reissue independent claims over original patent |  | 1205 | 18    | 2205 | 9     | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |      |      |      |  | (\$) |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| Large Entity   |          | Small Entity       |          | Fee Description   | Fee Paid |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| Fee Code   | Fee (\$) | Fee Code           | Fee (\$) |   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1202   | 18       | 2202               | 9        | Claims in excess of 20  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1201   | 86       | 2201               | 43       | Independent claims in excess of 3   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1203   | 290      | 2203               | 145      | Multiple dependent claim, if not paid   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1204   | 86       | 2204               | 43       | ** Reissue independent claims over original patent  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1205   | 18       | 2205               | 9        | ** Reissue claims in excess of 20 and over original patent  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| SUBTOTAL (2)   |          |                    |          |   | (\$)     |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| **or number previously paid, if greater; For Reissues, see above   |          |                    |          |   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
|  |          |                    |          | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="5" style="text-align: right; font-weight: bold;">SUBTOTAL (3)</td> <td>(\$)</td> </tr> </tbody> </table> |          |                    |          | Large Entity |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code               | Fee (\$) | 1051 | 130 | 2051 | 65  | Surcharge - late filing fee or oath |  | 1052   | 50  | 2052 | 25  | Surcharge - late provisional filing fee or cover sheet |  | 1053 | 130 | 1053 | 130 | Non-English specification                          |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination            |  | 1804         | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |      | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | SUBTOTAL (3) |  |  |  |  | (\$) |
| Large Entity   |          | Small Entity       |          | Fee Description   | Fee Paid |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| Fee Code   | Fee (\$) | Fee Code           | Fee (\$) |   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1051   | 130      | 2051               | 65       | Surcharge - late filing fee or oath   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1052   | 50       | 2052               | 25       | Surcharge - late provisional filing fee or cover sheet  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1053   | 130      | 1053               | 130      | Non-English specification   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1812   | 2,520    | 1812               | 2,520    | For filing a request for ex parte reexamination   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1804   | 920*     | 1804               | 920*     | Requesting publication of SIR prior to Examiner action  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1805   | 1,840*   | 1805               | 1,840*   | Requesting publication of SIR after Examiner action   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1251   | 110      | 2251               | 55       | Extension for reply within first month  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1252   | 420      | 2252               | 210      | Extension for reply within second month   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1253   | 950      | 2253               | 475      | Extension for reply within third month  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1254   | 1,480    | 2254               | 740      | Extension for reply within fourth month   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1255   | 2,010    | 2255               | 1,005    | Extension for reply within fifth month  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1401   | 330      | 2401               | 165      | Notice of Appeal  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1402   | 330      | 2402               | 165      | Filing a brief in support of an appeal  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1403   | 290      | 2403               | 145      | Request for oral hearing  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1451   | 1,510    | 1451               | 1,510    | Petition to institute a public use proceeding   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1452   | 110      | 2452               | 55       | Petition to revive - unavoidable  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1453   | 1,330    | 2453               | 665      | Petition to revive - unintentional  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1501   | 1,330    | 2501               | 665      | Utility issue fee (or reissue)  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1502   | 480      | 2502               | 240      | Design issue fee  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1503   | 640      | 2503               | 320      | Plant issue fee   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1460   | 130      | 1460               | 130      | Petitions to the Commissioner   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1807   | 50       | 1807               | 50       | Processing fee under 37 CFR 1.17(q)   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1806   | 180      | 1806               | 180      | Submission of Information Disclosure Stmt   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 8021   | 40       | 8021               | 40       | Recording each patent assignment per property (times number of properties)  |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1809   | 770      | 2809               | 385      | Filing a submission after final rejection (37 CFR 1.129(a))   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1810   | 770      | 2810               | 385      | For each additional invention to be examined (37CFR 1.129(b))   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1801   | 770      | 2801               | 385      | Request for Continued Examination (RCE)   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| 1802   | 900      | 1802               | 900      | Request for expedited examination of a design application   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| SUBTOTAL (3)   |          |                    |          |   | (\$)     |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |
| *Reduced by Basic Filing Fee Paid  |          |                    |          |   |          |                    |          |              |          |              |          |                 |          |          |          |                        |          |      |     |      |     |                                     |  |        |     |      |     |  |  |      |     |      |     |  |  |      |       |      |       |  |  |              |      |      |      |  |      |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |       |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |              |  |  |  |  |      |

  

| SUBMITTED BY      |           | (Complete if applicable)          |                  |
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